

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: HEALTHMED INTERNATIONAL CORPORATION
BUSINESS STREET ADDRESS: 12890 SW 34 PLACE DAVIE FL ZIP 33330
BUSINESS MAILING ADDRESS: SAME ZIP _____
BUSINESS PHONE: 954 236 5668 954 236 2899
DESCRIBE TYPE OF BUSINESS: Import-Export
BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>FRANK M. COVA</u>	<u>12890 SW 34 PLACE DAVIE FL</u>	<u>33330</u>	
2. _____			

Federal ID Number or Social Security Number 595-42-6750

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 99, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

FRANK M. COVA _____
Print Owner or Officers Name and Title Signature of Owner or Officer

Office Use Only: Date <u>5/21/99</u> Category <u>10150</u> Fee <u>\$2.50</u> Rec# _____ New _____ Trans _____	
License # <u>9912393</u>	Control # <u>10769</u>
Council approval Required _____ Yes _____ No _____	Zoning Approval _____ Zoning <u>R-1</u> (KapoK Vill. Estates) Date _____
Town Council Date _____	Approved _____ Denied _____
Tabled To _____	Approved _____ Denied _____
TOWN CLERK APPROVAL _____	

4/98

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION